



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Patent Application of: )  
Hideko INOUE et al. ) Group Art Unit: 1774  
Application No. 10/736,679 ) Examiner: Marie Rose Yamnitzky  
Filed: December 17, 2003 ) Confirmation No. 4095  
For: ORGANIC METALLIC COMPLEX AND )  
ELECTROLUMINESCENT ELEMENT )  
USING THE SAME )

**INFORMATION DISCLOSURE STATEMENT**

**Mail Stop Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. §1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. Pursuant to 37 C.F.R. § 1.98, a copy of each of the documents cited is enclosed.

It is requested that the accompanying PTO-1449 be considered and made of record in the above-identified application. To assist the Examiner, the documents are listed on the attached form PTO-1449. It is respectfully requested that an Examiner initial a copy of this form be returned to the undersigned.

The Commissioner is hereby authorized to charge the Deposit Account No. 19-2380 in the amount of \$180 to comply with the provisions of 37 C.F.R. § 1.97(c).

The Commissioner is hereby authorized to charge any fees connected with this filing which may be required now, or credit any overpayment to Deposit Account No. 19-2380.

Respectfully submitted,

Dated: October 22, 2007

By: 

Jeffrey L. Costellia  
Registration No. 35,483

NIXON PEABODY LLP  
Customer No. 22204  
401 9th Street, N.W., Suite 900  
Washington, DC 20004-2128  
(202) 585-8000  
(202) 585-8080 fax

10/23/2007 DEHMANU1 00000038 192380 10736679  
01 FC:1806 180.00 DA

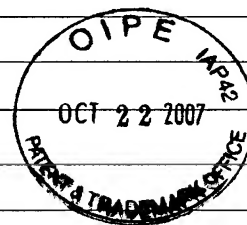
# FEE TRANSMITTAL FOR FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180.00)

Complete if Known

Application Number 10/736,679  
Filing Date December 17, 2003  
First Named Inventor Hideko INOUE et al.  
Examiner Name Rose Marie Yamnitzky  
Art Unit 1774  
Attorney Docket No. 740756-2689



## METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 19-2380 Deposit Account Name: \_\_\_\_\_
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

Total Claims - = Extra Claims x Fee (\$)

Fee Paid (\$) Multiple Dependent Claims Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - = Extra Claims x Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof (round up to a whole number) X Fee (\$)

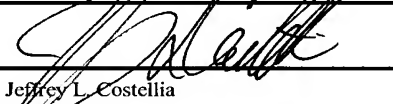
Fee Paid (\$)

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement fee \$ 180.00

## SUBMITTED BY

Signature  Registration No. 35,483 Telephone 202 585 8000  
(Attorney/Agent)  
Name (Print/Type) Jeffrey L. Costellia Date October 22, 2007

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450